## Case 24-70279-JAD Doc 1 Filed 07/10/24 Entered 07/10/24 17:14:14 Desc Main Document Page 1 of 47

| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| WESTERN DISTRICT OF PENNSYLVANIA                | -                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | ☐ Chapter 7                     |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ■ Chapter 13                    | Check if this is an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par  | t 1: Identify Yourself   |  |                  |                               |
|--|--|--|------------------|-------------------------------|
|  |  | About Debtor 1:                          | About Debtor 2 ( | Spouse Only in a Joint Case): |
| 1.   | Your full name   |  |                  |                               |
| Write the name that is on your government-issued |  | Jocelynn<br>First name                   | First name       |                               |
|  | picture identification (for example, your driver's   | Renee                                    |                  |                               |
|  | license or passport).  | Middle name                              | Middle name      |                               |
|  | Bring your picture identification to your  | Marsh                                    |                  |                               |
|  | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and St | uffix (Sr., Jr., II, III)     |
| 2.   | All other names you have used in the last 8 years  |  |                  |                               |
|  | Include your married or<br>maiden names and any<br>assumed, trade names and<br>doing business as names.                                    |  |                  |                               |
|  | Do NOT list the name of<br>any separate legal entity<br>such as a corporation,<br>partnership, or LLC that is<br>not filing this petition. |  |                  |                               |
| 3.   | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)                          | xxx-xx-7514                              |                  |                               |

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Debtor 1 Jocelynn Renee Marsh

Case number (if known)

| Your Employer 4. Identification Number (EIN), if any. |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|---|---|---|--|--|--|--|
|   |   | EIN   | EIN  |  |  |  |
| 5.  | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|   |   | Number, Street, City, State & ZIP Code  Somerset  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |  |  |  |
| 6.  | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |

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Debtor 1 Jocelynn Renee Marsh Case number (if known)

| ar  | Tell the Court About  | Your E  | Bankruptcy Ca                               | ise  |   |                             |   |  |   |
|-----|---|---|---|--|---|-----------------------------|---|--|---|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |   |                             |   |  |   |
|     | choosing to file under  |   | Chapter 7                                   |  |   |                             |   |  |   |
|     |   |   | Chapter 11                                  |  |   |                             |   |  |   |
|     |   |   | Chapter 12                                  |  |   |                             |   |  |   |
|     |   |   | Chapter 13                                  |  |   |                             |   |  |   |
| 3.  | How you will pay the fee  | •   | about how your order. If your a pre-printed | u may pay. Ty<br>attorney is sub<br>address. | pically, if you are<br>mitting your pay | e paying the<br>ment on you | fee yourself, you n<br>ur behalf, your atto | erk's office in your local<br>nay pay with cash, cash<br>rney may pay with a cre | nier's check, or money<br>edit card or check with |
|     |   |   |   |  | stallments. If youts (Official Form     |                             | s option, sign and                          | attach the Application for   | or Individuals to Pay                             |
|     |   |   | I request that<br>but is not req            | t my fee be wa<br>uired to, waive            | aived (You may<br>your fee, and m       | request this                | ly if your income is                        | are filing for Chapter 7.<br>less than 150% of the s). If you choose this op     | official poverty line that                        |
|     |   |   |   |  |   |                             |   | 3B) and file it with your  |   |
| Э.  | Have you filed for bankruptcy within the  | ■ N   |   |  |   |                             |   |  |   |
|     | last 8 years?   | ΠY  |   |  |   |                             |   |  |   |
|     |   |   | District                                    |  |   | When                        |   | _ Case number  |   |
|     |   |   | District                                    |  |   | When                        |   | _ Case number  |   |
|     |   |   | District                                    |  |   | When                        |   | Case number  |   |
| 10. | Are any bankruptcy cases pending or being   | ■ N   | 0   |  |   |                             |   |  |   |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ΠY  | es.   |  |   |                             |   |  |   |
|     |   |   | Debtor                                      |  |   |                             |   | Relationship to you  |   |
|     |   |   | District                                    |  |   | When                        |   | Case number, if known  | n   |
|     |   |   | Debtor                                      |  |   |                             |   | Relationship to you  |   |
|     |   |   | District                                    |  |   | When                        |   | Case number, if known  | n   |
| 11. | Do you rent your residence?   | ■ N   | o. Go to I                                  | ine 12.                                      |   |                             |   |  |   |
|     |   | ΠY  | es. Has yo                                  | ur landlord obt                              | ained an evictio                        | n judgment a                | against you?                                |  |   |
|     |   |   |   | No. Go to line                               | 12.                                     |                             |   |  |   |
|     |   |   |   | Yes. Fill out Ir this bankrupto              |   | About an Ev                 | iction Judgment Ag                          | gainst You (Form 101A)   | and file it as part of                            |
|     |   |   |   |  |   |                             |   |  |   |

| Deb | Case 24-702   |   | Doc                               | 21 Filed 07/10/24 Entered 07/10/24 17:14:14 Desc Main Document Page 4 of 47  Case number (if known)   |
|-----|---|---|-----------------------------------|---|
| Par | t 3: Report About Any Bu  | ısinesses Y   | ou Own a                          | as a Sole Proprietor  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.   | Go to P                           | art 4.  |
|     |   | ☐ Yes.  | Name a                            | and location of business  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |   | Name o                            | of business, if any   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |   | Number                            | r, Street, City, State & ZIP Code   |
|     | it to this petition.  |   | Check t                           | the appropriate box to describe your business:  |
|     |   |   |                                   | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |
|     |   |   |                                   | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |   |                                   | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |
|     |   |   |                                   | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |
|     |   |   |                                   | None of the above   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code, and<br>are you a small business<br>debtor or a debtor as<br>defined by 11 U.S. C. §               | proceed un<br>you are cho<br>cash-flow s<br>§ 1116(1)(E | nder Subcoosing to statement, 3). | or Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to chapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. t filing under Chapter 11. |
|     | 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D).   | ■ No.   |                                   | ng under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     |   | ☐ Yes.  |                                   | ng under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and choose to proceed under Subchapter V of Chapter 11.   |
|     |   | ☐ Yes.  |                                   | ng under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I to proceed under Subchapter V of Chapter 11.  |

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| _ | INO. |  |
|---|------|--|
|   |      |  |
|   |      |  |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Jocelynn Renee Marsh

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| you have?  individual primarily for a personal, family, or household p  No. Go to line 16b.  Yes. Go to line 17.  Are your debts primarily business debts? Business of money for a business or investment or through the operation No. Go to line 16c.  Yes. Go to line 17.  | debts are debts that you incurred to obtain ration of the business or investment.                         |
|--|---|
| you have?  individual primarily for a personal, family, or household p  No. Go to line 16b.  Yes. Go to line 17.  Are your debts primarily business debts? Business of money for a business or investment or through the operation No. Go to line 16c.  Yes. Go to line 17.  | purpose."  debts are debts that you incurred to obtain ration of the business or investment.              |
| Are your debts primarily business debts? Business of money for a business or investment or through the opera  ☐ No. Go to line 16c.  ☐ Yes. Go to line 17.   | ration of the business or investment.   |
| money for a business or investment or through the opera  No. Go to line 16c.  Yes. Go to line 17.  | ration of the business or investment.   |
| ☐ Yes. Go to line 17.  | lebts or business debts   |
|  | lebts or business debts   |
|  | lebts or business debts   |
| 16c. State the type of debts you owe that are not consumer d   |   |
| 17. Are you filing under Chapter 7. Go to line 18. Chapter 7?  |   |
| Do you estimate that after any exempt are paid that funds will be available to distribute to unset property is excluded and  | iny exempt property is excluded and administrative expenses cured creditors?                              |
| administrative expenses $\square$ No   |   |
| are paid that funds will be available for  |   |
| 18. How many Creditors do you estimate that you owe? ☐ 1-49 ☐ 50-99 ☐ 5001-10,000 ☐ 10,001-25,000 ☐ 10,001-25,000 ☐ 200-999 ☐ 10,001-25,000 ☐  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |
| 19. How much do you estimate your assets to be worth?  □ \$0 - \$50,000 □ \$1,000,001 - \$10 □ \$50,001 - \$100,000 □ \$10,000,001 - \$5 □ \$50,000 - \$100,000 □ \$50,000,001 - \$1 □ \$500,001 - \$1 million   | 50 million ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion                             |
| 20. How much do you estimate your liabilities to be?  □ \$0 - \$50,000 □ \$1,000,001 - \$10 □ \$50,000 □ \$10,000,001 - \$50 □ \$100,001 - \$50 □ \$500,001 - \$1 million □ \$100,000,001 - \$   | 50 million  |
| Part 7: Sign Below   |   |
| For you  I have examined this petition, and I declare under penalty of perjur  If I have chosen to file under Chapter 7, I am aware that I may produce the second of the s | ·   |
| United States Code. I understand the relief available under each countries of the state of the s | chapter, and I choose to proceed under Chapter 7.  The energy is not an attorney to help me fill out this |
| document, I have obtained and read the notice required by 11 U.S.  I request relief in accordance with the chapter of title 11, United St.   | • ( )   |
| I understand making a false statement, concealing property, or obto bankruptcy case can result in fines up to \$250,000, or imprisonment and 3571.  /s/ Jocelynn Renee Marsh   |   |
|  | nature of Debtor 2  |
| Executed on July 9, 2024 Exe   | ecuted on   |
| MM / DD / YYYY   | MM / DD / YYYY  |

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Debtor 1 Jocelynn Renee Marsh Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Corey J. Sacca                     | Date          | July 9, 2024   |
|--|---------------|----------------|
| Signature of Attorney for Debtor       | _             | MM / DD / YYYY |
| Corey J. Sacca 306741                  |               |                |
| Printed name                           |               |                |
| Bononi & Company, P.C.                 |               |                |
| Firm name                              |               |                |
| 20 N Pennsylvania Ave                  |               |                |
| Suite 201                              |               |                |
| Greensburg, PA 15601                   |               |                |
| Number, Street, City, State & ZIP Code |               |                |
| Contact phone (724) 832-2499           | Email address |                |
| 306741 PA                              |               |                |
| Bar number & State                     |               |                |

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| Fill in this infor     | rmation to identify your | case:              |                 |                              |
|------------------------|--------------------------|--------------------|-----------------|------------------------------|
| Debtor 1               |                          |                    |                 |                              |
|                        | First Name               | Middle Name        | Last Name       |                              |
| Debtor 2               |                          |                    |                 |                              |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name       |                              |
| United States Ba       | ankruptcy Court for the: | WESTERN DISTRICT ( | OF PENNSYLVANIA |                              |
| Case number (if known) |                          |                    |                 | ☐ Check if this amended fili |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | Summarize Your Assets  |             |                           |
|-----|--|-------------|---------------------------|
|     |  |             | essets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 146,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 16,125.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 162,125.00                |
| •ar | 12: Summarize Your Liabilities   |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 140,431.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 15,003.00                 |
|     | Your total liabilities   | \$          | 155,434.00                |
| ⊃ar | 3: Summarize Your Income and Expenses  |             |                           |
| 1.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 6,216.8                   |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,481.00                  |
| ar  | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| S.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a parcana   | family or                 |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Jocelynn Renee Marsh

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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| Fill in this inf   | ormation to identify  | your case and th   | is filin               | g:   |                                     |   |
|--|---|--|------------------------|--|-------------------------------------|---|
| Debtor 1   | Jocelynn Re   |  |                        |  |                                     |   |
| Debtor 2   | First Name  | Middle   | Name                   | Last Name  |                                     |   |
| (Spouse, if filing)  | First Name  | Middle   | Name                   | Last Name  |                                     |   |
| United States  | Bankruptcy Court for  | the: WESTERN   | DISTR                  | ICT OF PENNSYLVANIA  |                                     |   |
| Case number  |   |  |                        |  |                                     | ☐ Check if this is an amended filing  |
| Official F   | Form 106A/E   | 3  |                        |  |                                     |   |
| Schedu   | ıle A/B: Pı   | ropertv  |                        |  |                                     | 12/15   |
| In each categor<br>think it fits best<br>information. If n<br>Answer every q | y, separately list and d<br>. Be as complete and<br>nore space is needed,<br>uestion. | lescribe items. List a<br>accurate as possible<br>attach a separate sh | e. If two<br>neet to t | only once. If an asset fits in more than one of<br>married people are filing together, both are e<br>his form. On the top of any additional pages, | qually responsible fo               | or supplying correct  |
| □ No. Go to  | , ,   | juitable interest in a   | ny resic               | lence, building, land, or similar property?  |                                     |   |
| 1.1  |   |  | Wha                    | t is the property? Check all that apply  |                                     |   |
|  | erry Lane<br>ess, if available, or other des  | scription  |                        | Single-family home Duplex or multi-unit building Condominium or cooperative  | the amount of any se                | ed claims or exemptions. Put scured claims on Schedule D: Claims Secured by Property. |
| Windbe   | er PA   | 15963-0000   |                        | Manufactured or mobile home  | Current value of the                |   |
| City   | State   | ZIP Code   |                        | Investment property  | entire property? \$146,000.0        | portion you own?<br>00 \$146,000.00   |
|  |   |  |                        | Timeshare Other  | (such as fee simple                 | of your ownership interest<br>, tenancy by the entireties, or                         |
|  |   |  | Who                    | has an interest in the property? Check one Debtor 1 only   | a life estate), if know             | vn.   |
| Somers   | set   |  |                        | Debtor 2 only  |                                     |   |
| County   |   |  |                        | Debtor 1 and Debtor 2 only  At least one of the debtors and another  | Check if this is (see instructions) | community property  |
|  |   |  |                        | r information you wish to add about this item<br>erty identification number:   | , such as local                     |   |
|  |   |  |                        |  |                                     |   |
|  | •   | •  |                        | your entries from Part 1, including any e  |                                     | \$146,000.00  |
| Part 2: Descri   | ibe Your Vehicles   |  |                        |  |                                     |   |
|  |   |  |                        | nny vehicles, whether they are registered<br>Schedule G: Executory Contracts and Unex  |                                     | ny vehicles you own that  |
| 3. Cars, vans  | , trucks, tractors, sp  | ort utility vehicle  | s, moto                | orcycles   |                                     |   |
| ■ No   |   |  |                        |  |                                     |   |
| ☐ Yes  |   |  |                        |  |                                     |   |

Case 24-70279-JAD Doc 1 Filed 07/10/24 Entered 07/10/24 17:14:14 Page 11 of 47 Document Case number (if known) Debtor 1 Jocelynn Renee Marsh 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... **Household Goods and Furnishings** Location: 148 Sherry Lane, Windber PA 15963 \$6,000.00 \$2,000.00 Household Appliance 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... **Consumer Electronics** \$600.00 Cell Phone, TV (3), Laptop 8 Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... Kayak \$100.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

□ No

Yes. Describe.....

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Case number (if known)

| Debtor                | Jocelynn R  | enee Marsh   |                          |                         | Case number               | (if known)   |   |
|-----------------------|---|--|--------------------------|-------------------------|---------------------------|--------------|---|
|                       |   | Clothing, Shoes an   | d Access                 | orios                   |                           | 1            | \$500.00  |
|                       |   | Clothing, Shoes and  | u Access                 | ories                   |                           |              |   |
| □ N                   | <i>mples:</i> Everyday je                                 | ewelry, costume jewelry, e   | ngagement                | rings, wedding rings, I | neirloom jewelry, watche: | s, gems, g   | old, silver   |
|                       |   | various jewelry  |                          |                         |                           |              | \$1,000.00  |
| Exa                   | -farm animals<br>amples: Dogs, cats,<br>o<br>es. Describe | birds, horses  1 pig, 1 dog, and 4 o   | cats                     |                         |                           | ]            | \$0.00  |
| 14. <b>Any</b><br>■ N | -   | nd household items you   | did not alr              | eady list, including a  | ny health aids you did r  | not list     |   |
| ☐ Ye                  | es. Give specific in                                      | formation  |                          |                         |                           |              |   |
|                       |   | of all of your entries fro<br>number here  |                          |                         |                           | iched        | \$10,200.00   |
| Part 4:               | Describe Your Final                                       | ncial Assets   |                          |                         |                           |              |   |
| Do you                | own or have any   | legal or equitable interes   | st in any of             | the following?          |                           |              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                       | <i>mples:</i> Money you<br>o                              | have in your wallet, in you  |                          |                         | d on hand when you file y | your petitic | on  |
|                       |   |  |                          |                         | Cash                      |              | \$25.00   |
| Exa                   | institutions  | savings, or other financial and it is a savings. If you have multiple acco                                 | unts with th             |                         |                           | rokerage h   | ouses, and other similar  |
|                       |   | 17.1. Checking A   | ccount                   | First Summit Bank       |                           |              | \$900.00  |
| Exa<br>■ No<br>□ Yo   | amples: Bond funds ospublicly traded s                    | or publicly traded stock<br>s, investment accounts with<br>Institution or iss<br>tock and interests in inc | n brokerage<br>uer name: |                         |                           | ın interes   | in an LLC, partnership, and   |
| joir<br>■ N           | ot venture  |  |                          |                         |                           |              |   |
| ☐ Ye                  | es. Give specific in                                      | formation about them Name of entity:   |                          |                         | % of owners               | hip:         |   |

Case 24-70279-JAD Doc 1 Filed 07/10/24 Entered 07/10/24 17:14:14 Page 13 of 47 Document Debtor 1 Case number (if known) Jocelynn Renee Marsh 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 403b Vanguard \$5.000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No The Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

■ No

☐ Yes. Give specific information......

Case 24-70279-JAD Doc 1 Filed 07/10/24 Entered 07/10/24 17:14:14 Document Page 14 of 47 Case number (if known) Debtor 1 Jocelynn Renee Marsh 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$5,925.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

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Debtor 1 Case number (if known) Jocelynn Renee Marsh List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ..... \$146,000.00 Part 2: Total vehicles, line 5 56. \$0.00 Part 3: Total personal and household items, line 15 57. \$10,200.00 58. Part 4: Total financial assets, line 36 \$5,925.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$16,125.00 \$16,125.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$162,125.00

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor   | mation to identify your  | case:  |                 |                |
|--|--------------------------|--|-----------------|----------------|
| Debtor 1    Debtor 1   Jocelynn Renee Marsh   First Name   Middle Name   Last Name |                          |  |                 |                |
|  | First Name               | Middle Name  | Last Name       |                |
| Debtor 2   |                          |  |                 |                |
| (Spouse if, filing)  | First Name               | Middle Name  | Last Name       |                |
| United States Ba   | ankruptcy Court for the: | WESTERN DISTRICT (   | OF PENNSYLVANIA |                |
| Case number  |                          |  |                 |                |
| (if known)   |                          | enee Marsh  Middle Name  Last Name  Middle Name  Last Name |                 |                |
|  |                          |  |                 | amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions 11 U.S.C. § 522(b)(3)

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|    | <b>3</b>   | .1 1                                 |       | (-/(-/  |                                    |
|----|--|--------------------------------------|-------|---|------------------------------------|
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |       |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | empt, | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Am    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from Schedule A/B     | Che   | eck only one box for each exemption.                            |                                    |
|    | Household Goods and Furnishings<br>Location: 148 Sherry Lane, Windber                  | \$6,000.00                           |       | \$6,000.00  | 11 U.S.C. § 522(d)(3)              |
|    | PA 15963<br>Line from Schedule A/B: 6.1  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Household Appliance  | \$2,000.00                           |       | \$2,000.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line nom Schedule A/D. 4.2   |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Clothing, Shoes and Accessories Line from Schedule A/B: 11.1                           | \$500.00                             |       | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line IIIII Schedule PVD. 11.1  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | various jewelry Line from Schedule A/B: 12.1   | \$1,000.00                           |       | \$1,000.00  | 11 U.S.C. § 522(d)(4)              |
|    | Ellie Holli Golliddie 772. 1211  |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Cash Line from Schedule A/B: 16.1  | \$25.00                              |       | \$25.00   | 11 U.S.C. § 522(d)(5)              |
|    | Line from Concease AVD. 19.1   |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |

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| De | btor 1 | Joo  | elynn Renee Marsh   | Case number (if known)           |  |
|----|--------|------|---|----------------------------------|--|
| 3. | •      |      | laiming a homestead exemption of more than \$189,050? adjustment on 4/01/25 and every 3 years after that for cases filed on o | r after the date of adjustment.) |  |
|    |        | No   |   |                                  |  |
|    |        | Yes. | Did you acquire the property covered by the exemption within 1,215 day  | s before you filed this case?    |  |
|    |        |      | No  |                                  |  |
|    |        |      | Yes   |                                  |  |

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|          |                                       | . • • • • • • • • • • • • • • • • • | Document Page  | e 18 (   | of 47                                  |                          |                    |
|----------|---------------------------------------|-------------------------------------|--|----------|--|--------------------------|--------------------|
| Fill in  | this information                      | n to identify you                   | r case:  |          |  |                          |                    |
| Debto    | or 1 <b>J</b> o                       | celynn Renee                        | Marsh  |          |  |                          |                    |
|          |                                       | st Name                             | Middle Name Last Na  | ime      |  |                          |                    |
| Debto    |                                       |                                     |  |          |  |                          |                    |
| (Spous   | e if, filing) Fire                    | st Name                             | Middle Name Last Na  | ime      |  |                          |                    |
| Unite    | d States Bankrup                      | tcy Court for the:                  | WESTERN DISTRICT OF PENNSYLV   | ANIA     |  |                          |                    |
| Case     | number                                |                                     |  |          |  |                          |                    |
| (if know |                                       |                                     |  |          |  | ☐ Check                  | if this is an      |
|          |                                       |                                     |  |          |  | amend                    | led filing         |
| ~ ···    |                                       |                                     |  |          |  |                          |                    |
| Offic    | ial Form 10                           | <u> 16D</u>                         |  |          |  |                          |                    |
| Sch      | nedule D:                             | Creditors                           | Who Have Claims Secu   | ıred     | by Property                            | y                        | 12/15              |
| Re as o  | complete and accu                     | ırate as nossible l                 | f two married people are filing together, both   | are equa | ally responsible for su                | nnlying correct informa  | tion If more snace |
| is need  |                                       |                                     | out, number the entries, and attach it to this fo  |          |  |                          |                    |
| 1. Do a  | ny creditors have                     | claims secured by                   | your property?   |          |  |                          |                    |
|          | No. Check this                        | box and submit th                   | nis form to the court with your other schedu   | les. You | u have nothing else to                 | report on this form.     |                    |
|          | Yes. Fill in all of                   | f the information l                 | pelow.   |          |  |                          |                    |
| Part 1   |                                       | ured Claims                         |  |          |  |                          |                    |
|          |                                       |                                     |  |          | Column A                               | Column B                 | Column C           |
|          |                                       |                                     | nore than one secured claim, list the creditor sep<br>a particular claim, list the other creditors in Part |          | Amount of claim                        | Value of collateral      | Unsecured          |
| much     | as possible, list the                 | claims in alphabetic                | cal order according to the creditor's name.  |          | Do not deduct the value of collateral. | that supports this claim | portion<br>If any  |
|          | PennyMac Loa                          | an                                  |  |          | value of collateral.                   |                          | •                  |
| フォー      | Services, LLC                         |                                     | Describe the property that secures the claim   | n:       | \$140,431.00                           | \$146,000.00             | \$0.00             |
|          | Creditor's Name                       |                                     | 148 Sherry Lane Windber, PA 1596   | 3        |  |                          |                    |
|          | Attn: Correspo                        | ondence                             | Somerset County  |          |  |                          |                    |
|          | Unit<br>Po Box 514387                 | 7                                   | As of the date you file, the claim is: Check all   | that     |  |                          |                    |
|          | Los Angeles, (                        |                                     | apply.  Contingent   |          |  |                          |                    |
| _        | Number, Street, City, S               |                                     | ☐ Unliquidated   |          |  |                          |                    |
|          |                                       | nate a 2.p code                     | ☐ Disputed   |          |  |                          |                    |
| Who      | owes the debt? C                      | check one.                          | Nature of lien. Check all that apply.  |          |  |                          |                    |
| ■ De     | btor 1 only                           |                                     | ☐ An agreement you made (such as mortgage  | or secui | red                                    |                          |                    |
|          | btor 2 only                           |                                     | car loan)  |          |  |                          |                    |
| ☐ De     | btor 1 and Debtor 2                   | ? only                              | ☐ Statutory lien (such as tax lien, mechanic's   | lien)    |  |                          |                    |
| _        | least one of the deb                  |                                     | ☐ Judgment lien from a lawsuit   |          |  |                          |                    |
|          | eck if this claim re<br>ommunity debt | elates to a                         | Other (including a right to offset)  |          |  |                          |                    |
|          |                                       | Opened                              |  |          |  |                          |                    |
|          |                                       | 11/22 Last                          |  |          |  |                          |                    |
| Date o   | debt was incurred                     | Active 06/24                        | Last 4 digits of account number 5  | 177      |  |                          |                    |
|          |                                       |                                     |  |          |  |                          |                    |

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.

\$140,431.00

Write that number here:

\$140,431.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|  |  | Document  | Page 19  | of 47  |  |
|--|--|---|--|--|--|
| Fill in this info  | rmation to identify your   | case:   |  |  |  |
| Debtor 1   | Jocelynn Renee M   | larsh.  |  |  |  |
| Debior 1   | First Name   | Middle Name   | Last Name  |  |  |
| Debtor 2   |  |   |  |  |  |
| (Spouse if, filing)  | First Name   | Middle Name   | Last Name  |  |  |
| United States E  | Bankruptcy Court for the:  | WESTERN DISTRICT OF PE  | NNSYLVANIA   |  |  |
|  | , ,  |   |  |  |  |
| Case number  |  |   |  | _  | T. Observator (Citation Communication)   |
| (II KIIOWII)   |  |   |  | L  | Check if this is an amended filing   |
|  |  |   |  |  | amended ming   |
| Official Fo  | rm 106E/F  |   |  |  |  |
|  |  | ho Have Unsecured   | l Claims   |  | 12/15  |
| any executory co<br>Schedule G: Exe<br>Schedule D: Cred<br>left. Attach the C<br>name and case n | entracts or unexpired leases<br>cutory Contracts and Unexp<br>ditors Who Have Claims Sec<br>ontinuation Page to this pag<br>number (if known). | that could result in a claim. Also ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re | list executory of<br>Do not include a<br>needed, copy to | Part 2 for creditors with NONPRIORITY ontracts on Schedule A/B: Property (fany creditors with partially secured cline Part you need, fill it out, number the not file that Part. On the top of any | Official Form 106A/B) and on aims that are listed in the entries in the boxes on the |
|  | All of Your PRIORITY Un  |   |  |  |  |
| _ ′  | litors have priority unsecure  | d claims against you?   |  |  |  |
| ■ No. Go to  | Part 2.  |   |  |  |  |
| ☐ Yes.   |  |   |  |  |  |
| Part 2: List   | All of Your NONPRIORIT   | V Unecoured Claims  |  |  |  |
|  | litors have nonpriority unsec  |   |  |  |  |
| _ `  |  |   |  |  |  |
| □ No. You I  | nave nothing to report in this p   | art. Submit this form to the court wit  | n your other sche  | dules.   |  |
| Yes.   |  |   |  |  |  |
| unsecured cl   | aim, list the creditor separately  | for each claim. For each claim liste  | d, identify what t                                       | holds each claim. If a creditor has more ype of claim it is. Do not list claims alread three nonpriority unsecured claims fill out   | dy included in Part 1. If more   |
|  |  |   |  |  | Total claim  |
| 4.1 Capita   | al One   | Last 4 digits of ac   | count number   | 2985   | \$1,015.00   |
| •  | rity Creditor's Name   |   |  |  | <u> </u>   |
|  | Bankruptcy<br>ox 30285   | When was the del  | ot incurred?   | Opened 03/24 Last Active 06/24   |  |
|  | ake City, UT 84130   | when was the der  | ot incurred?   | 00/24  |  |
|  | Street City State Zip Code   | As of the date you  | ı file, the claim i                                      | s: Check all that apply  |  |
| Who in   | curred the debt? Check one.  |   |  |  |  |
| ■ Deb  | tor 1 only   | ☐ Contingent  |  |  |  |
| ☐ Deb  | tor 2 only   | ☐ Unliquidated  |  |  |  |
| ☐ Deb  | tor 1 and Debtor 2 only  | ☐ Disputed  |  |  |  |
|  | ast one of the debtors and and   | other Type of NONPRIO   | RITY unsecured   | I claim:   |  |
| _  | ck if this claim is for a com  | П о   |  |  |  |
| debt   |  | ☐ Obligations aris  | •  | ration agreement or divorce that you did   | not  |
|  | laim subject to offset?  | report as priority cla  |  |  |  |
| No   |  |   |  | g plans, and other similar debts   |  |
| ☐ Yes  |  | Other. Specify  | Credit Card  |  |  |

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| Jocelynn Renee Marsh   |   | Case number (if known)   |  |
|--|---|--|--|
| Cbna   | Last 4 digits of account number   | 9206   | \$2,561.00                             |
| Attn: Centralized BankruptcyDept<br>Po Box 790034                    | When was the debt incurred?   | Opened 09/23 Last Active 6/14/24   |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | is: Check all that apply   |  |
| Debtor 1 only  | ☐ Contingent  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |  |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured   | d claim:   |  |
| ☐ Check if this claim is for a community debt                        |   | ration agreement or divorce that you did not   |  |
| _  |   |  |  |
|  |   |  |  |
| Yes  | Other. Specify Credit Card  | <u> </u>   |  |
| Chase Card Services  | Last 4 digits of account number   | 4480   | \$5,101.00                             |
| Attn: Bankruptcy<br>P.O. 15298                                       | When was the debt incurred?   | Opened 10/23 Last Active 06/24   |  |
|  | As of the date you file, the claim i  | s: Check all that apply  |  |
| Who incurred the debt? Check one.                                    | ,   | ,  |  |
| ■ Debtor 1 only  | ☐ Contingent  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |  |
| At least one of the debtors and another                              | <u></u>   | d claim:   |  |
| Check if this claim is for a community                               | _   |  |  |
| debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a sepa<br>report as priority claims  | ration agreement or divorce that you did not   |  |
| No   | Debts to pension or profit-sharing  | g plans, and other similar debts   |  |
| ☐ Yes  | Other. Specify Credit Card  | <u> </u>   |  |
| Citibank/The Home Depot  | Last 4 digits of account number   | 8251   | \$1,129.00                             |
| Citicorp Cr Srvs/Centralized<br>Bankruptcy                           | When was the debt incurred?   | Opened 12/22 Last Active 6/11/24   |  |
| St Louis, MO 63179  Number Street City State Zip Code                | As of the date you file, the claim i  | s: Check all that apply  |  |
| _  | Пол   |  |  |
| _  |   |  |  |
| _  | <u> </u>  |  |  |
| -  | •   | d claim:   |  |
| _  | ☐ Student loans   |  |  |
| debt   | ☐ Obligations arising out of a sepa   | ration agreement or divorce that you did not   |  |
| ■ No   |   | g plans, and other similar debts   |  |
| Yes  | Other. Specify Charge Acc   | count  |  |
|  | Cbna Nonpriority Creditor's Name Attn: Centralized BankruptcyDept Po Box 790034 St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes  Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Citibank/The Home Depot Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Citibank/The Home Depot Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Debx 790040 St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Cbna   Last 4 digits of account number   Nonpriority Creditor's Name   Attn: Centralized BankruptcyDept   Po Box 790034   St Louis, MO 63179   As of the date you file, the claim is who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Deb | Last 4 digits of account number   9206 |

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Case number (if known)

| Comenity/Sally  | Last 4 digits of account number                              | 5929  | \$227.00   |
|---|--|---|------------|
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred?                                  | Opened 09/23 Last Active 06/24                |            |
| Number Street City State Zip Code   | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.   |  |   |            |
| ■ Debtor 1 only   | ☐ Contingent   |   |            |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| Check if this claim is for a community  | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
| Yes   | Other. Specify Charge Acc                                    | count   |            |
| Credit One Bank   | Last 4 digits of account number                              | 4174  | \$400.00   |
| Nonpriority Creditor's Name PO Box 60500                                      | When was the debt incurred?                                  |   |            |
| City of Industry, CA 91716  |  |   |            |
| Number Street City State Zip Code   | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.   |  |   |            |
| ■ Debtor 1 only   | ☐ Contingent   |   |            |
| ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| Check if this claim is for a community  | Student loans  |   |            |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| ☐ Yes   |  |   |            |
| □ res   | Other. Specify   |   |            |
| Holiday Financial Serv Nonpriority Creditor's Name                            | Last 4 digits of account number                              | 0104  | \$2,527.00 |
| 300 Walmart Dr Ste 150<br>Ebensburg, PA 15931                                 | When was the debt incurred?                                  | Opened 05/24 Last Active 5/31/24              |            |
| Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ■ Debtor 1 only   | ☐ Contingent   |   |            |
| Debtor 2 only   | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only  | Disputed   |   |            |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                                      | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| □Yes  | Other. Specify Secured                                       |   |            |
|   | - Outlot. Opooliy  |   |            |

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| Debtor             | 1 Jocelynn  | Renee Marsh                              |   | Case number (if kno     | own)                      |                         |
|--------------------|---|--|---|-------------------------|---------------------------|-------------------------|
| 4.8                | Synchrony   |  | Last 4 digits of account number   | 3676                    |                           | \$1,532.00              |
|                    | Nonpriority Cre Attn: Bank Po Box 965 Orlando, Fl | ruptcy<br>5060                           | When was the debt incurred?   | Opened 08/23<br>6/16/24 | Last Active               |                         |
| -                  | Number Street                                     | City State Zip Code the debt? Check one. | As of the date you file, the claim i  | s: Check all that app   | ly                        |                         |
|                    | ■ Debtor 1 on                                     | nlv                                      | ☐ Contingent  |                         |                           |                         |
|                    | Debtor 2 on                                       | nlv                                      | ☐ Unliquidated  |                         |                           |                         |
|                    | _   | nd Debtor 2 only                         | ☐ Disputed  |                         |                           |                         |
|                    | _   | e of the debtors and another             | Type of NONPRIORITY unsecured   | d claim:                |                           |                         |
|                    |   | is claim is for a community              | ☐ Student loans   |                         |                           |                         |
|                    | debt  | ubject to offset?                        | Obligations arising out of a separeport as priority claims  | ration agreement or o   | divorce that you did not  |                         |
|                    | _   | ibject to onset?                         | ☐ Debts to pension or profit-sharin   | a plane, and other sir  | nilar dahta               |                         |
|                    | ■ No  |  |   |                         | milar debts               |                         |
|                    | Yes   |  | Other. Specify Credit Card  |                         |                           |                         |
| 4.9                |   | /American Eagle                          | Last 4 digits of account number   | 6435                    |                           | \$511.00                |
|                    | Nonpriority Cre                                   |  |   | Opened 11/23            | Loct Activo               |                         |
|                    | Attn: Banki<br>Po Box 965                         |  | When was the debt incurred?   | 06/24                   | Last Active               |                         |
|                    | Orlando, Fl                                       |  |   |                         |                           |                         |
|                    |   | City State Zip Code                      | As of the date you file, the claim i  | is: Check all that app  | ly                        |                         |
|                    | _   | the debt? Check one.                     | _   |                         |                           |                         |
|                    | Debtor 1 on                                       | •  | Contingent  |                         |                           |                         |
|                    | Debtor 2 on                                       | •  | ☐ Unliquidated  |                         |                           |                         |
|                    |   | nd Debtor 2 only                         | ☐ Disputed  |                         |                           |                         |
|                    | ☐ At least one                                    | e of the debtors and another             | Type of NONPRIORITY unsecured   | d claim:                |                           |                         |
|                    | ☐ Check if the                                    | is claim is for a community              | Student loans   |                         |                           |                         |
|                    |   | ubject to offset?                        | Obligations arising out of a sepa<br>report as priority claims  | · ·                     | •                         |                         |
|                    | No  |  | Debts to pension or profit-sharing  | g plans, and other sir  | milar debts               |                         |
|                    | Yes   |  | Other. Specify Charge Acc   | count                   |                           |                         |
| Part 3:            | List Other  | s to Be Notified About a Debt            | That You Already Listed   |                         |                           |                         |
| is tryir<br>have n | ng to collect from                                | om you for a debt you owe to som         | out your bankruptcy, for a debt that y<br>eone else, list the original creditor in<br>ou listed in Parts 1 or 2, list the addi<br>submit this page. | Parts 1 or 2, then li   | st the collection agency  | here. Similarly, if you |
| Part 4:            | Add the A   | mounts for Each Type of Uns              | ecured Claim  |                         |                           |                         |
|                    | the amounts of<br>f unsecured cla                 |  | s. This information is for statistical re   | eporting purposes of    | only. 28 U.S.C. §159. Add | I the amounts for each  |
|                    |   |  |   |                         | Total Claim               |                         |
|                    | 6a.   | Domestic support obligations             |   | 6a. \$                  | 0.00                      |                         |
| Total              |   |  |   |                         |                           | •                       |
| claims<br>from Pa  | rt 1 6b.  | Taxes and certain other debts y          | ou owe the government   | 6b. \$                  | 0.00                      |                         |
|                    | 6c.   | Claims for death or personal in          | jury while you were intoxicated   | 6c. \$                  | 0.00                      |                         |
|                    | 6d.   | Other. Add all other priority unsec      | cured claims. Write that amount here.   | 6d. \$                  | 0.00                      |                         |
|                    | 6e.   | Total Priority. Add lines 6a throu       | gh 6d.  | 6e. \$                  | 0.00                      |                         |
|                    |   |  |   |                         | Total Claim               | _<br>                   |
| Total              | 6f.   | Student loans                            |   | 6f. \$                  | 0.00                      |                         |
| claims<br>from Pa  | <b>rt 2</b> 6g.                                   | Obligations arising out of a ser         | paration agreement or divorce that  | 6a. \$                  | 0.00                      |                         |

you did not report as priority claims

6g.

\$

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| Debtor 1 | Jocelynn | Renee Marsh   | Case no | umber (if known) |           |  |
|----------|----------|---|---------|------------------|-----------|--|
|          | 6h.      | Debts to pension or profit-sharing plans, and other similar debts                 | 6h.     | \$               | 0.00      |  |
|          | 6i.      | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i.     | \$               | 15,003.00 |  |
|          | 6j.      | Total Nonpriority. Add lines 6f through 6i.                                       | 6j.     | \$               | 15,003.00 |  |

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| Fill in this infor  | mation to identify your  | case:              |                 |  |
|---------------------|--------------------------|--------------------|-----------------|--|
| Debtor 1            | Jocelynn Renee           | Marsh              |                 |  |
|                     | First Name               | Middle Name        | Last Name       |  |
| Debtor 2            |                          |                    |                 |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name       |  |
| United States B     | ankruptcy Court for the: | WESTERN DISTRICT ( | OF PENNSYLVANIA |  |
| Case number         |                          |                    |                 |  |
| (if known)          |                          |                    |                 |  |
|                     |                          |                    |                 |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Name   Number   Street   |     | Person or | r company with<br>Name, Number, | whom you have the<br>Street, City, State and ZIP | e contract or lease<br>Code | State what the contract or lease is for |
|--|-----|-----------|---------------------------------|--|-----------------------------|---|
| Number         Street           City         State         ZIP Code           2.2         Name         Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         ZIP Code         ZIP Code | 2.1 |           |                                 |  |                             |   |
| City         State         ZIP Code           2.2         Name         Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         State         ZIP Code                                    |     | Name      |                                 |  |                             |   |
| Name   Number   Street   State   ZIP Code  |     | Number    | Street                          |  |                             |   |
| Number   Street  |     | City      |                                 | State  | ZIP Code                    | <u> </u>                                |
| Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         State         ZIP Code   | 2.2 |           |                                 |  |                             |   |
| City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         State         ZIP Code   |     | Name      |                                 |  |                             |   |
| Name   Number   Street   |     | Number    | Street                          |  |                             |   |
| Name   Number   Street   |     | City      |                                 | Ctata  | 7ID Code                    | <u> </u>                                |
| Number Street  City State ZIP Code  2.4  Number Street  City State ZIP Code  |     | City      |                                 | State  | ZIP Code                    |   |
| City         State         ZIP Code           2.4         Name           Number         Street           City         State         ZIP Code           2.5         State         ZIP Code  | 2.3 | Name      |                                 |  |                             | <u> </u>                                |
| 2.4 Name    Number   Street  |     | Number    | Street                          |  |                             | <u> </u>                                |
| Number Street  City State ZIP Code  2.5  |     | City      |                                 | State  | ZIP Code                    | _                                       |
| Number Street  City State ZIP Code  2.5  | 2.4 |           |                                 |  |                             |   |
| City State ZIP Code  |     | Name      |                                 |  |                             | <del>_</del>                            |
| 2.5  |     | Number    | Street                          |  |                             | <del>_</del>                            |
| 2.5  |     | Citv      |                                 | State  | ZIP Code                    |   |
|  | 2.5 |           |                                 |  |                             |   |
|  |     | Name      |                                 |  |                             |   |
| Number Street  |     | Number    | Street                          |  |                             | <u> </u>                                |
| City State ZIP Code  |     | City      |                                 | State  | ZIP Code                    |   |

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| Fill in this                 | information to identify your  | case:                         | nt rage 20 c            |                                       |   |
|------------------------------|---|-------------------------------|-------------------------|---------------------------------------|---|
| Debtor 1                     | Jocelynn Renee I  | Marsh                         |                         |                                       |   |
| Dahtar 2                     | First Name  | Middle Name                   | Last Name               |                                       |   |
| Debtor 2<br>(Spouse if, fili | ng) First Name  | Middle Name                   | Last Name               |                                       |   |
| United Sta                   | tes Bankruptcy Court for the:                                       | WESTERN DISTRICT              | OF PENNSYLVANIA         |                                       |   |
| Case num                     | ber   |                               |                         |                                       |   |
| (if known)                   |   |                               |                         |                                       | Check if this is an amended filing  |
| O((; -; -                    | I = 400I I  |                               |                         |                                       | 3   |
|                              | l Form 106H   | abtava                        |                         |                                       |   |
| Sched                        | lule H: Your Cod  | eptors                        |                         |                                       | 12/15   |
| our name                     | e and case number (if known)  you have any codebtors? (if           | . Answer every question       |                         |                                       | of any Additional Pages, write  |
| ■ No                         |   |                               |                         |                                       |   |
| ☐ Yes                        | 3   |                               |                         |                                       |   |
|                              | hin the last 8 years, have you<br>a, California, Idaho, Louisiana,  |                               |                         |                                       | states and territories include  |
|                              | 0   |                               |                         |                                       |   |
|                              | Go to line 3.  S. Did your spouse, former spouse.                   | use, or legal equivalent live | e with you at the time? |                                       |   |
|                              | s. Dia your opouco, former opoc                                     | aco, or logar oquivalent iiv  | o will you at the time. |                                       |   |
| in line<br>Form              | 2 again as a codebtor only i  | f that person is a guaran     | tor or cosigner. Make   | sure you have listed the              | with you. List the person shown<br>creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill |
|                              | Column 1: Your codebtor<br>Name, Number, Street, City, State and Zi | P Code                        |                         | Column 2: The credi                   | itor to whom you owe the debt that apply:   |
| 3.1                          |   |                               |                         | ☐ Schedule D, line                    |   |
|                              | Name  |                               |                         | ☐ Schedule E/F, line                  | e   |
|                              |   |                               |                         | ☐ Schedule G, line                    |   |
|                              | Number Street<br>City   | State                         | ZIP Code                |                                       |   |
| 22                           |   |                               |                         | Ochedula D. Pro                       |   |
| 3.2                          | Name  |                               |                         | Schedule D, line □ Schedule E/F, line | <u> </u>  |
|                              |   |                               |                         | ☐ Schedule G, line                    | <u> </u>  |
|                              | Number Street City  | State                         | ZIP Code                | _                                     |   |
|                              |   |                               |                         |                                       |   |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

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| attach a sep<br>information<br>employers.<br>Include part-<br>self-employer | -time, seasonal, or<br>ed work.<br>may include student<br>ker, if it applies. | Occupation  Employer's name  Employer's address  How long employed ti               | Manager  Goodwill  300 Jamesway Road Ebensburg, PA 15931  here? 8 years     | Global Heavy Corporation  10 Ainsley Lane Mount Braddock, PA 15465  |
|---|---|---|---|---|
| attach a sep<br>information<br>employers.<br>Include part-<br>self-employer | ed work. may include student  | Employer's name   | Goodwill 300 Jamesway Road  | 10 Ainsley Lane   |
| attach a sep<br>information a<br>employers.                                 |   | •   | <del></del>   | Global Heavy Corporation  |
| attach a sep<br>information a<br>employers.                                 |   | Occupation  | Manager   |   |
| attach a sep  |   |   |   |   |
| attach a sepa   | parate page with about additional   | p.oyone otacao  | ☐ Not employed  | ☐ Not employed  |
| If you have r   | more than one job,  | Employment status   | ■ Employed  | ■ Employed  |
| <ol> <li>Fill in your information</li> </ol>                                | employment<br>n.  |   | Debtor 1  | Debtor 2 or non-filing spouse   |
| <u> </u>  | scribe Employment   |   |   |   |
| se as complete a<br>upplying correc<br>pouse. If you ar                     | and accurate as pose<br>at information. If you<br>be separated and you        | sible. If two married peo<br>are married and not fili<br>or spouse is not filing wi | ng jointly, and your spouse is livir<br>ith you, do not include information | 1:<br>nd Debtor 2), both are equally responsible fo<br>ng with you, include information about your<br>n about your spouse. If more space is neede<br>case number (if known). Answer every quest |
|   | : I: Your Inc   | ome   |   | MM / DD/ YYYY   |
| Official Fo   | orm 106l  |   |   | 13 income as of the following date:   |
|   |   |   |   | ☐ A supplement showing postpetition chapt   |
| Case number   |   |   | -   | Check if this is: ☐ An amended filing   |
| Jnited States Ba  | nkruptcy Court for the  | : WESTERN DISTRICT  | OF PENNSYLVANIA   |   |
| (Spouse, if filing)   |   |   |   |   |
| Debtor 2  |   | enee Marsh  |   |   |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,269.28 \$ 5,021.99

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3,269.28 \$ 5,021.99

Official Form 106I Schedule I: Your Income page 1

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| Debte | or 1        | Jocelynn Renee Marsh  | _        | Case r     | number (if known) |       |                           |          |
|-------|-------------|---|----------|------------|-------------------|-------|---------------------------|----------|
|       |             |   | _        |            |                   |       |                           |          |
|       |             |   |          | For        | Debtor 1          |       | ebtor 2 or<br>ling spouse |          |
|       | Cop         | by line 4 here  | 4.       | \$         | 3,269.28          | \$    | 5,021.99                  |          |
| 5.    | l ist       | all payroll deductions:   |          |            |                   |       |                           |          |
| 0.    | 5a.         | Tax, Medicare, and Social Security deductions   | 5a.      | \$         | 568.82            | \$    | 1,313.82                  |          |
|       | 5b.         | Mandatory contributions for retirement plans  | 5b.      | \$-        | 0.00              | \$    | 0.00                      |          |
|       | 5c.         | Voluntary contributions for retirement plans  | 5c.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 5d.         | Required repayments of retirement fund loans  | 5d.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 5e.         | Insurance   | 5e.      | \$         | 98.09             | \$    | 93.69                     |          |
|       | 5f.         | Domestic support obligations  | 5f.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 5g.         | Union dues  | 5g.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 5h.         | Other deductions. Specify:  | 5h.+     | + \$       | 0.00              | + \$  | 0.00                      |          |
|       |             | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | \$         | 666.91            | \$    | 1,407.51                  |          |
| 7.    | Cal         | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       | \$         | 2,602.37          | \$    | 3,614.48                  |          |
| 8.    | List<br>8a. | All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross   |          |            |                   |       |                           |          |
|       |             | receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 8b.         | Interest and dividends  | 8b.      | \$_        | 0.00              | \$    | 0.00                      |          |
|       | 8c.         | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |          | · <u>—</u> |                   | ·     |                           |          |
|       |             | settlement, and property settlement.  | 8c.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 8d.         | Unemployment compensation   | 8d.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 8e.         | Social Security   | 8e.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 8f.         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | e<br>8f. | \$         | 0.00              | \$    | 0.00                      |          |
|       | 8g.         | Pension or retirement income  | 8g.      | \$         | 0.00              | \$    | 0.00                      |          |
|       | 8h.         | Other monthly income. Specify:  | 8h.+     | + \$       | 0.00              | + \$  | 0.00                      |          |
| 9.    | Add         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$         | 0.00              | \$    | 0.00                      |          |
|       |             | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$   |            | 2,602.37 +        | 3,614 | 4.48                      | 6,216.85 |
|       |             |   |          |            |                   |       |                           |          |
|       |             | If the amount in the last column of line 10 to the amount in line 11. The reserve that amount on the Summary of Schedules and Statistical Summary of Certailies   |          |            |                   |       | 12. \$                    | 6,216.85 |
|       |             |   |          |            |                   |       | Combin                    |          |
| 13.   | Do :        | you expect an increase or decrease within the year after you file this form No.   | ?        |            |                   |       | monthly                   | / income |
|       |             | Yes. Explain:   |          |            |                   |       |                           |          |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this informat          | tion to identify yo                                  | our case:      |   |   | I                             |   |   |
|------|---------------------------|--|----------------|---|---|-------------------------------|---|---|
| Deb  |                           | Jocelynn Re  |                | sh.   |   | Chec                          | k if this is:                             |   |
|      |                           | Jocelyilli Ne  | ilee Mais      | 911   |   |                               | An amended filing                         |   |
|      | tor 2<br>buse, if filing) |  |                |   |   |                               |   | ving postpetition chapter the following date: |
| ``   | , ,,                      |  |                |   |   | _                             |   |   |
| Unit | ed States Bankri          | uptcy Court for the                                  | : WESTE        | ERN DISTRICT OF PENNS   | SYLVANIA                                    |                               | MM / DD / YYYY                            |   |
|      | e number<br>nown)         |  |                |   |   |                               |   |   |
| Of   | fficial Fo                | rm 106J  |                |   |   |                               |   |   |
|      |                           | J: Your  |                |   |   |                               |   | 12/15   |
| info | rmation. If me            | and accurate as<br>ore space is ne<br>n). Answer eve | eded, atta     | If two married people ar<br>ch another sheet to this<br>n.                | e filing together, b<br>form. On the top of | oth are equa<br>f any additio | ally responsible fo<br>mal pages, write y | or supplying correct<br>your name and case    |
| Par  | t 1: Descr                | ibe Your House                                       | hold           |   |   |                               |   |   |
| 1.   | Is this a join            | t case?  |                |   |   |                               |   |   |
|      | No. Go to                 |  | _              |   |   |                               |   |   |
|      |                           |  | in a separ     | ate household?  |   |                               |   |   |
|      | □ No                      |  | st file Offici | al Form 106J-2, <i>Expenses</i>   | for Separate House                          | ehold of Debt                 | or 2                                      |   |
| _    |                           |  | _              | arr 61111 1000 2, <i>Experie</i> 000                                      | ror coparato rioucc                         | ,,,o,a                        | 01 2.                                     |   |
| 2.   | •                         | e dependents?  | ■ No           |   |   |                               |   |   |
|      | Do not list De Debtor 2.  | ebtor 1 and  | ☐ Yes.         | Fill out this information for each dependent                              | Dependent's relat<br>Debtor 1 or Debto      |                               | Dependent's age                           | Does dependent live with you?                 |
|      | Do not state              |  |                |   |   |                               |   | □ No  |
|      | dependents i              | names.   |                |   |   |                               |   | ☐ Yes<br>☐ No                                 |
|      |                           |  |                |   |   |                               |   | ☐ Yes   |
|      |                           |  |                |   |   |                               |   | □ No  |
|      |                           |  |                |   |   |                               |   | ☐ Yes<br>☐ No                                 |
|      |                           |  |                |   |   |                               |   | ☐ Yes   |
| 3.   |                           | enses include  | <b>.</b>       | No  |   |                               |   |   |
|      | •                         | people other to<br>your depende                      |                | Yes   |   |                               |   |   |
| exp  | imate your ex             |  | our bankrı     | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |   |                               |   |   |
|      |                           |  |                | government assistance i   |   |                               |   |   |
| (Off | ficial Form 10            | 6I.)   |                |   |   |                               | Your exp                                  | enses   |
| 4.   |                           | r home owners<br>d any rent for th                   |                | ses for your residence. I   | nclude first mortgag                        | e<br>4. \$                    |   | 1,396.00                                      |
|      | If not includ             | ed in line 4:  |                |   |   |                               |   |   |
|      | 4a. Real e                | state taxes  |                |   |   | 4a. \$                        |   | 0.00  |
|      |                           | rty, homeowner's                                     | s, or renter   | 's insurance  |   | 4b. \$                        | <u> </u>                                  | 0.00  |
|      |                           |  |                | ipkeep expenses   |   | 4c. \$                        |   | 200.00  |
| 5.   |                           | owner's associat                                     |                | dominium dues<br>our residence, such as ho                                | me equity loans                             | 4d. \$<br>5. \$               |   | 0.00  |
| ٠.   |                           |  |                | , 00011 00 110  | oquity lourio                               | σ. ψ                          |   | 0.00  |

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| ebtor 1 <u>J</u>  | ocelynn Renee Marsh   | Case num                         | ber (if known) |                        |
|-------------------|---|----------------------------------|----------------|------------------------|
| . Utilities       | :   |                                  |                |                        |
|                   | lectricity, heat, natural gas   | 6a.                              | \$             | 400.00                 |
|                   | Vater, sewer, garbage collection  | 6b.                              | \$             | 0.00                   |
|                   | elephone, cell phone, Internet, satellite, and cable services                       | 6c.                              | \$             | 250.00                 |
|                   | Other. Specify:   | 6d.                              | \$             | 0.00                   |
|                   | nd housekeeping supplies  | 7.                               | \$             | 800.00                 |
|                   | are and children's education costs  | 8.                               | \$             | 0.00                   |
|                   |   | 9.                               | \$             |                        |
|                   | g, laundry, and dry cleaning  |                                  | ·              | 200.00                 |
|                   | al care products and services   | 10.                              | \$             | 200.00                 |
|                   | l and dental expenses   | 11.                              | \$             | 150.00                 |
|                   | ortation. Include gas, maintenance, bus or train fare. nclude car payments.         | 12.                              | \$             | 500.00                 |
|                   | inment, clubs, recreation, newspapers, magazines, and books                         | 13.                              | \$             | 200.00                 |
|                   | ble contributions and religious donations   | 14.                              | ·              | 0.00                   |
|                   | <u> </u>  | 14.                              | Φ              | 0.00                   |
| 5. <b>Insuran</b> | nclude insurance deducted from your pay or included in lines 4 or 20.               |                                  |                |                        |
|                   | ife insurance   | 15a.                             | \$             | 0.00                   |
|                   | lealth insurance  | 15b.                             | ·              | 0.00                   |
|                   | ealth insurance   | 15c.                             | ·              | 185.00                 |
|                   |   |                                  | ·              |                        |
|                   | Other insurance. Specify:   | 15d.                             | <b>&gt;</b>    | 0.00                   |
|                   | Do not include taxes deducted from your pay or included in lines 4 or               |                                  | Φ              | 0.00                   |
| Specify:          |   | 16.                              | \$             | 0.00                   |
|                   | nent or lease payments:   | 170                              | ¢              | 0.00                   |
|                   | car payments for Vehicle 1  | 17a.                             | ·              | 0.00                   |
|                   | car payments for Vehicle 2  | 17b.                             | ·              | 0.00                   |
|                   | Other. Specify:   | 17c.                             | ·              | 0.00                   |
|                   | Other. Specify:   | 17d.                             | \$             | 0.00                   |
|                   | ayments of alimony, maintenance, and support that you did not re                    |                                  | ¢              | 0.00                   |
|                   | ed from your pay on line 5, Schedule I, Your Income (Official Form                  | n <b>106I).</b> 18.              |                |                        |
| _                 | ayments you make to support others who do not live with you.                        | 40                               | \$             | 0.00                   |
| Specify:          |   | 19.                              |                |                        |
|                   | eal property expenses not included in lines 4 or 5 of this form or                  | on <i>Scnedule I: Yo</i><br>20a. |                | 0.00                   |
|                   | fortgages on other property   |                                  |                | 0.00                   |
|                   | deal estate taxes   | 20b.                             | ·              | 0.00                   |
|                   | roperty, homeowner's, or renter's insurance   | 20c.                             | ·              | 0.00                   |
|                   | faintenance, repair, and upkeep expenses  | 20d.                             |                | 0.00                   |
|                   | lomeowner's association or condominium dues   | 20e.                             | \$             | 0.00                   |
| . Other: S        | Specify:  | 21.                              | +\$            | 0.00                   |
| Coloula           | ito vour monthly expenses   |                                  |                |                        |
|                   | te your monthly expenses d lines 4 through 21.                                      |                                  | œ.             | 4 404 00               |
|                   | <u> </u>  | 10010                            | \$             | 4,481.00               |
|                   | py line 22 (monthly expenses for Debtor 2), if any, from Official Form              | 106J-2                           | \$             |                        |
| 22c. Ad           | d line 22a and 22b. The result is your monthly expenses.                            |                                  | \$             | 4,481.00               |
| Calcula           | ite your monthly net income.  |                                  |                |                        |
|                   | copy line 12 (your combined monthly income) from Schedule I.                        | 23a.                             | ¢              | 6 046 05               |
|                   | , ,   |                                  | ·              | 6,216.85               |
| ∠3D. C            | copy your monthly expenses from line 22c above.                                     | 23b.                             | -Φ             | 4,481.00               |
| 222 0             | whereast your monthly avanages from your monthly income                             |                                  |                |                        |
|                   | subtract your monthly expenses from your monthly income.                            | 23c.                             | \$             | 1,735.85               |
| ı                 | he result is your monthly net income.   | 230.                             | T              | .,                     |
| 4 Do you          | expect an increase or decrease in your expenses within the year                     | after you file this              | form?          |                        |
|                   | nple, do you expect to finish paying for your car loan within the year or do you ex |                                  |                | or decrease because of |
|                   | tion to the terms of your mortgage?   | , ,                              | ,              |                        |
|                   | , , ,   |                                  |                |                        |
| ■ No.             |   |                                  |                |                        |

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| Fill in this infor                                     | mation to identify your  | case:  |                           |   |   |
|--|--|--|---------------------------|---|---|
| Debtor 1   | Jocelynn Renee N   | Marsh  |                           |   |   |
|  | First Name   | Middle Name  | Last Name                 |   |   |
| Debtor 2   |  |  |                           |   |   |
| (Spouse if, filing)                                    | First Name   | Middle Name  | Last Name                 |   |   |
| United States Ba                                       | ankruptcy Court for the:   | WESTERN DISTRICT   | OF PENNSYLVANIA           |   |   |
| Case number  |  |  |                           |   |   |
| (if known)   |  |  |                           |   | Check if this is an amended filing  |
| If two married p<br>You must file th<br>obtaining mone |  | , both are equally responsible to the construction with a band connection with a band conne | onsible for supplying co  | orrect information.<br>es. Making a false state | ement, concealing property, or<br>00, or imprisonment for up to 20          |
| Sig  | n Below  |  |                           |   |   |
| Did you pa   | ay or agree to pay some  | one who is NOT an atto   | rney to help you fill out | bankruptcy forms?                               |   |
| ■ No   |  |  |                           |   |   |
| ☐ Yes.   | Name of person   |  |                           |   | kruptcy Petition Preparer's Notice,<br>a, and Signature (Official Form 119) |
| that they ar   | alty of perjury, I declare<br>re true and correct.<br>celynn Renee Marsh | that I have read the sun   | x                         | led with this declaration                       | ,   |
|  | nn Renee Marsh ure of Debtor 1   |  | Signature o               | of Debtor 2                                     |   |

Date July 9, 2024

Date \_\_\_\_

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| Fill in           | this inforn                 | nation to identify you                       | r case:   |   |   |   |
|-------------------|-----------------------------|--|---|---|---|---|
| Debto             |                             | Jocelynn Renee                               |   |   |   |   |
|                   |                             | First Name                                   | Middle Name   | Last Name   |   |   |
| Debtoi<br>(Spouse |                             | First Name                                   | Middle Name   | Last Name   |   |   |
| United            | l States Bar                | nkruptcy Court for the:                      | WESTERN DISTRICT OF   | F PENNSYI VANIA                                       |   |   |
|                   |                             | mapley Court for the                         |   |   |   |   |
| Case r            | number                      |  |   |   |   | theck if this is an mended filing                     |
|                   |                             | rm 107<br>of Financial                       | Affairs for Individ   | duals Filing for B                                    | ankruptcy   | 04/2:   |
| nform<br>numbe    | ation. If m<br>er (if knowr | ore space is needed,<br>a). Answer every que | attach a separate sheet to stion.   | this form. On the top of an                           | equally responsible for sup<br>y additional pages, write you    |   |
| Part 1            |                             | current marital state                        | rital Status and Where You  | Lived Before  |   |   |
| . **              | nat is your                 | Current maritar state                        | 13:   |   |   |   |
|                   | Married<br>Not mar          | ried   |   |   |   |   |
| 2. Di             | uring the la                | ast 3 years, have you                        | lived anywhere other than   | where you live now?                                   |   |   |
|                   | l No<br>l Yes. Lis          | t all of the places you l                    | ived in the last 3 years. Do no   | ot include where you live now                         | <i>ı</i> .  |   |
| D                 | ebtor 1:                    |  | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                   |                             |  |   |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|                   | l No<br>l Yes. Ma           | ke sure you fill out <i>Scl</i>              | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |   |   |
| Part 2            | Explai                      | n the Sources of You                         | r Income  |   |   |   |
| Fil               | ll in the tota              | I amount of income yo                        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |   | ndar years?   |
|                   |                             | in the details.                              |   |   |   |   |
|                   |                             |  | Debtor 1  |   | Debtor 2  |   |
|                   |                             |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                   |                             | of current year until<br>d for bankruptcy:   | ■ Wages, commissions, bonuses, tips   | \$18,344.00   | ☐ Wages, commissions, bonuses, tips                             |   |
|                   |                             |  | ☐ Operating a business  |   | ☐ Operating a business  |   |

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| Debtor        | 1 <u>Jo</u>    | celynn Re                       | nee Marsh  | Documen  |   | e number (if known)                |                |   |
|---------------|----------------|---------------------------------|--|--|---|------------------------------------|----------------|---|
|               |                |                                 |  |  |   |                                    |                |   |
|               |                |                                 |  | Debtor 1   |   | Debtor 2                           |                |   |
|               |                |                                 |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                     | Sources of inc<br>Check all that a |                | Gross income<br>(before deductions<br>and exclusions) |
|               |                | dar year:<br>December :         | 31, 2023 )   | ■ Wages, commissions, bonuses, tips  | \$36,000.00   | ☐ Wages, com bonuses, tips         | missions,      |   |
|               |                |                                 |  | ☐ Operating a business   |   | Operating a                        | business       |   |
|               |                | dar year bef<br>December :      |  | ■ Wages, commissions, bonuses, tips  | \$32,000.00   | ☐ Wages, com bonuses, tips         | missions,      |   |
|               |                |                                 |  | ☐ Operating a business   |   | ☐ Operating a                      | business       |   |
| Lis<br>■<br>□ | No             | source and the source           | -  | me from each source separat  Debtor 1  | ely. Do not include income t  | hat you listed in lin  Debtor 2    | e 4.           |   |
|               |                |                                 |  | Sources of income<br>Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of inc<br>Describe below   |                | Gross income<br>(before deductions<br>and exclusions) |
| Part 3:       | List           | Certain Pa                      | yments You   | Made Before You Filed for E  | Bankruptcy  |                                    |                |   |
| S. Ar         | e eithe<br>No. | Neither Deindividual puring the | ebtor 1 nor Dorimarily for a 90 days befor Tooline 7 |  | mer debts. Consumer debt<br>d purpose."<br>d you pay any creditor a tota  | al of \$7,575* or mo               | re?            |   |
|               |                |                                 | paid that cre<br>not include                         | each creditor to whom you paideditor. Do not include paymen payments to an attorney for the on 4/01/25 and every 3 years | ts for domestic support obliquis bankruptcy case.                         | gations, such as ch                | nild support a | nd alimony. Also, do                                  |
| -             | Yes.           |                                 |  | r both have primarily consure you filed for bankruptcy, did  |   | al of \$600 or more?               | •              |   |
|               |                | □ No.                           | Go to line 7   |  |   |                                    |                |   |
|               |                | ■ Yes                           | List below e   | each creditor to whom you paid<br>ments for domestic support of<br>this bankruptcy case.                                 |   |                                    |                |   |
| C             | reditor'       | s Name and                      | l Address  | Dates of paymen  | nt Total amount   | Amount you                         | Was this p     | ayment for  |

| Creditor's Name and Address  | Dates of payment | Total amount paid | Amount you still owe | Was this payment for   |
|--|------------------|-------------------|----------------------|--|
| PennyMac Loan Services, LLC<br>Attn: Correspondence Unit<br>Po Box 514387<br>Los Angeles, CA 90051 |                  | \$0.00            | \$140,431.00         | ■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other |

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| Del | btor 1               | Jocelynn Renee Marsh  | - Doddinent 1  | Case  | e number (if known)                       |   |   |
|-----|----------------------|---|--|---|---|---|---|
| 7.  | <i>Inside</i> of whi | n 1 year before you filed for bankruptoers include your relatives; any general parch you are an officer, director, person in iness you operate as a sole proprietor. 17 ny. | rtners; relatives of any gen<br>control, or owner of 20% o | eral partners; partne<br>r more of their voting | rships of which you<br>securities; and ar | u are a general <mark>բ</mark><br>ny managing age | partner; corporation<br>ent, including one fo |
|     |                      | No<br>Yes. List all payments to an insider.<br>Ier's Name and Address   | Dates of payment   | Total amount paid                               | Amount you still owe                      | Reason for th                                     | is payment                                    |
| 8.  | inside<br>Includ     | le payments on debts guaranteed or cosi   |  | ments or transfer a                             | ny property on ad                         | count of a deb                                    | t that benefited an                           |
|     |                      | Yes. List all payments to an insider  | Dates of payment   | Total amount paid                               | Amount you still owe                      | Reason for th                                     |   |
| Pai | rt 4:                | Identify Legal Actions, Repossession  | s, and Foreclosures  |   |   |   |   |
| 9.  | List al modifi       | n 1 year before you filed for bankruptout it such matters, including personal injury dications, and contract disputes.  No Yes. Fill in the details.                        |  |   |   |   | r custody                                     |
| 10. | Within Check         | n 1 year before you filed for bankrupto<br>k all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.                      |  | erty repossessed, fo                            | preclosed, garnis                         | hed, attached, s                                  | seized, or levied?  Value of the property     |
| 11. | accou                | n 90 days before you filed for bankrup<br>unts or refuse to make a payment beca<br>No<br>Yes. Fill in the details.<br>litor Name and Address                                |  | luding a bank or fin                            |   | , set off any am                                  |   |
| 12. | court                | n 1 year before you filed for bankrupto<br>-appointed receiver, a custodian, or an<br>No<br>Yes   |  | erty in the possessi                            | taken                                     |   | of creditors, a                               |
|     |                      | List Certain Gifts and Contributions  |  |   |   |   |   |
| 13. | <b>—</b> N           | n 2 years before you filed for bankrupt<br>No<br>Yes. Fill in the details for each gift.  | cy, did you give any gift                                  | s with a total value                            | of more than \$600                        | ) per person?                                     |   |
|     | Gifts                | with a total value of more than \$600 person  | Describe the gifts   |   | Dates<br>the gi                           | you gave  | Value   |

Address:

Person to Whom You Gave the Gift and

Case 24-70279-JAD Doc 1 Filed 07/10/24 Entered 07/10/24 17:14:14 Page 34 of 47 Document Debtor 1 Case number (if known) Jocelynn Renee Marsh 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Bononi & Company, P.C. **Attorney Fees \$250** July 2024 \$750.00 20 N Pennsylvania Ave Filing Fees, Credit Counseling, Credit Suite 201 Reporting (no look) \$500 Greensburg, PA 15601 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No п Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of payment Address transferred or transfer was made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details.

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Date transfer was

made

Address

Person Who Received Transfer

Person's relationship to you

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Debtor 1 Jocelynn Renee Marsh

Case number (if known)

| 19. | beneficiary? (These are often called asset-prote   |   | y property to a  | a seir-settie | a trust or similar device                                     | or wnich you are a                            |
|-----|--|---|------------------|---------------|---|---|
|     | ☐ Yes. Fill in the details.  Name of trust   | Description and v   | alue of the pro  | operty trans  | sferred   | Date Transfer was made                        |
| Pai | t 8: List of Certain Financial Accounts, Instr   | ruments, Safe Deposit   | Boxes, and S     | torage Unit   | s   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa | other financial accour  | nts; certificate | s of deposi   |   | , ,   |
|     | ■ No □ Yes. Fill in the details.   |   |                  |               |   |   |
|     | Name of Financial Institution and  | Last 4 digits of account number   | Type of acco     | ount or       | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ar before you filed for   | bankruptcy, a    | ıny safe dep  | posit box or other deposi                                     | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.   |   |                  |               |   |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, State and ZIP Code)                  |                  | Describe      | the contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | place other than your   | home within      | 1 year befor  | e you filed for bankrupto                                     | ;y?   |
|     | ■ No □ Yes. Fill in the details.   |   |                  |               |   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                  | Describe      | the contents  | Do you still have it?                         |
| Pa  | t 9: Identify Property You Hold or Control fo  | or Someone Else   |                  |               |   |   |
| 23. | Do you hold or control any property that some for someone.   | eone else owns? Inclu   | ıde any prope    | rty you borı  | rowed from, are storing f                                     | or, or hold in trust                          |
|     | ■ No □ Yes. Fill in the details.   |   |                  |               |   |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                    |                  | Describe      | the property  | Value   |
| Pai | t 10: Give Details About Environmental Inform  | mation  |                  |               |   |   |
| For | the purpose of Part 10, the following definition   | ns apply:   |                  |               |   |   |
|     | Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s                         | air, land, soil, surface  | water, groun     | • .           | •   |   |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including dispose   | as defined under any e  |                  | law, wheth    | er you now own, operate                                       | e, or utilize it or used                      |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o   |   | as a hazardou    | s waste, ha   | zardous substance, toxid                                      | substance,                                    |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Jocelynn Renee Marsh

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| 24. | Has any governmental unit notified you that you  ■ No                                       | ı may be liable or potentially liab                                      | le un   | der or in violation of an environme                                | ntal law?          |
|-----|---|--|---------|--|--------------------|
|     | Yes. Fill in the details.   |  |         |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                          | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | and     | Environmental law, if you know it                                  | Date of notice     |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?   |         |  |                    |
|     | ■ No □ Yes. Fill in the details.  |  |         |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                          | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | and     | Environmental law, if you know it                                  | Date of notice     |
| 26. | Have you been a party in any judicial or adminis  | strative proceeding under any en   | viron   | mental law? Include settlements a                                  | nd orders.         |
|     | ■ No □ Yes. Fill in the details.  |  |         |  |                    |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na      | ature of the case  | Status of the case |
| Par | 11: Give Details About Your Business or Conr  | nections to Any Business   |         |  |                    |
| 27. | Within 4 years before you filed for bankruptcy, d   | did you own a business or have a   | any o   | f the following connections to any                                 | business?          |
|     | ☐ A sole proprietor or self-employed in a tr  | rade, profession, or other activity                                      | y, eith | her full-time or part-time   |                    |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partners                                      | hip (l  | LLP)   |                    |
|     | ☐ A partner in a partnership  |  |         |  |                    |
|     | ☐ An officer, director, or managing executi   | ive of a corporation   |         |  |                    |
|     | ☐ An owner of at least 5% of the voting or  | equity securities of a corporation                                       | n       |  |                    |
|     | ■ No. None of the above applies. Go to Part 1   | 12.  |         |  |                    |
|     | ☐ Yes. Check all that apply above and fill in th  | he details below for each busines  | ss.     |  |                    |
|     | Business Name Des<br>Address  | scribe the nature of the business  | 3       | Employer Identification number<br>Do not include Social Security n | umber or ITIN      |
|     |   | me of accountant or bookkeeper   |         | Dates business existed   | diffici of friit.  |
| 28. | Within 2 years before you filed for bankruptcy, dinstitutions, creditors, or other parties. | did you give a financial statement                                       | t to a  |  | de all financial   |
|     | ■ No  |  |         |  |                    |
|     | Yes. Fill in the details below.   |  |         |  |                    |
|     | Name Dat Address (Number, Street, City, State and ZIP Code)                                 | te Issued  |         |  |                    |

Document Page 37 of 47 Debtor 1 Case number (if known) Jocelynn Renee Marsh Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jocelynn Renee Marsh Signature of Debtor 2 Jocelynn Renee Marsh Signature of Debtor 1 Date July 9, 2024 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

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Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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■ No

| Fill in this information to identify your case: |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Debtor 1  | Debtor 1 Jocelynn Renee Marsh  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 |  |  |  |  |  |  |
| United States B                                 | United States Bankruptcy Court for the: Western District of Pennsylvania |  |  |  |  |  |
| Case number (if known)                          |  |  |  |  |  |  |

| Chec | k as directed in lines 17 and 21:                                    |
|------|--|
|      | cording to the calculations required by this atement:                |
| -    | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
|      | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |
|      | 3. The commitment period is 3 years.                                 |
|      | 4. The commitment period is 5 years.                                 |

☐ Check if this is an amended filing

### Official Form 122C-1

### **Chapter 13 Statement of Your Current Monthly Income** and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 vou listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00 Copy here -> \$

\$

0.00

0.00

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Case number (if known)

Jocelynn Renee Marsh

Debtor 1

|     |  |   |  | Column A Debtor 1 |         | Column B Debtor 2 o |                |                          |
|-----|--|---|--|-------------------|---------|---------------------|----------------|--------------------------|
| 7.  | Interest, dividends, and royalties   |   |  | \$                | 0.00    | \$                  | 0.00           |                          |
|     | Unemployment compensation  |   |  | \$                | 0.00    | -<br>) \$           | 0.00           |                          |
|     | Do not enter the amount if you contend that the Social Security Act. Instead, list it here:  | he amount received was a ben  | efit under   |                   |         |                     |                |                          |
|     | For you  | \$  | 0.00   |                   |         |                     |                |                          |
|     | For your spouse  | \$  | 0.00   |                   |         |                     |                |                          |
|     | Pension or retirement income. Do not inclubenefit under the Social Security Act. Also, e not include any compensation, pension, pay, United States Government in connection with disability, or death of a member of the uniform pay paid under chapter 61 of title 10, then income not exceed the amount of retired pay to if retired under any provision of title 10 other   | ide any amount received that vicept as stated in the next sen annuity, or allowance paid by a disability, combat-related in med services. If you received a clude that pay only to the exten which you would otherwise be | tence, do<br>the<br>jury or<br>ny retired<br>t that it | \$                | 0.00    | <b>D</b> _ \$       | 0.00           |                          |
|     | Income from all other sources not listed a Do not include any benefits received under the received as a victim of a war crime, a crime a domestic terrorism; or compensation, pension United States Government in connection with disability, or death of a member of the uniform sources on a separate page and put the total   | ne Social Security Act; paymen<br>against humanity, or internation<br>n, pay, annuity, or allowance pon<br>n a disability, combat-related in<br>med services. If necessary, list  | its<br>al or<br>aid by the<br>jury or                  | \$                | 0.00    | <b>)</b> \$         | 0.00           |                          |
|     |  |   |  | · <del></del>     | 0.00    | <u> </u>            | 0.00           |                          |
|     | Total amounts from accounts account  | 'f  |  | \$                | 0.00    |                     | 0.00           |                          |
|     | Total amounts from separate pages  | , if any.   | +  | \$                | 0.00    | <u> </u>            | 0.00           |                          |
|     | Calculate your total average monthly inco each column. Then add the total for Column.  Determine How to Measure Your How You Measure Yo | A to the total for Column B.  | \$   | 0.00              | + \$    | 0.00                |                | 0.00 average thly income |
| 12. | Copy your total average monthly income for Calculate the marital adjustment. Check or  | rom line 11.  |  |                   |         |                     | \$             | 0.00                     |
|     | You are not married. Fill in 0 below.  | iie.  |  |                   |         |                     |                |                          |
|     | ☐ You are married and your spouse is filin   | g with you. Fill in 0 below.  |  |                   |         |                     |                |                          |
|     | You are married and your spouse is not   | •   |  |                   |         |                     |                |                          |
|     | Fill in the amount of the income listed in dependents, such as payment of the sp   | line 11, Column B, that was N   |  |                   |         |                     |                |                          |
|     | Below, specify the basis for excluding the adjustments on a separate page.   |   | ncome dev  | voted to eacl     | n purpo | se. If necessary    | , list additio | nal                      |
|     | If this adjustment does not apply, enter   | 0 below.  | Φ.   |                   |         |                     |                |                          |
|     |  |   | _ \$   |                   |         |                     |                |                          |
|     |  |   | _  |                   |         |                     |                |                          |
|     |  |   |  |                   | _       |                     |                |                          |
|     | Total  |   | \$   | 0.0               | 0       | Copy here=>         |                | 0.00                     |
| 14. | Your current monthly income. Subtract li   | ne 13 from line 12.   |  |                   |         |                     | \$             | 0.00                     |
| 15. | Calculate your current monthly income for  | or the year. Follow these step  | s:   |                   |         |                     |                |                          |
|     | 15a. Copy line 14 here=>   |   |  |                   |         |                     | \$             | 0.00                     |

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| Debto | or 1 <u>J</u> | ocelynn Renee Marsh   |                             | Case number (if known)                |                 |                 |
|-------|---------------|---|-----------------------------|---------------------------------------|-----------------|-----------------|
|       |               | Multiply line 15a by 12 (the number of months in  | n a year).                  |                                       | X               | 12              |
|       | 15b.          | The result is your current monthly income for the   | e year for this part of the | form                                  | \$              | 0.00            |
| 16.   | Calcul        | ate the median family income that applies to  | you. Follow these steps:    |                                       |                 |                 |
|       | 16a. Fi       | ill in the state in which you live.   | PA                          |                                       |                 |                 |
|       | 16b. Fi       | ill in the number of people in your household.  | 2                           |                                       |                 |                 |
|       |               | II in the median family income for your state and   |                             |                                       | \$              | 81,574.00       |
|       |               | o find a list of applicable median income amounts structions for this form. This list may also be ava                                       |                             |                                       |                 |                 |
| 17.   | How d         | o the lines compare?  |                             |                                       |                 |                 |
|       | 17a.          | Line 15b is less than or equal to line 16c. 0<br>11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N  |                             |                                       |                 | etermined under |
|       | 17b.          | ☐ Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a   | ulation of Your Disposa     |                                       |                 |                 |
| Part  | 3:            | Calculate Your Commitment Period Under 11   | U.S.C. § 1325(b)(4)         |                                       |                 |                 |
| 18.   | Сору          | your total average monthly income from line 1   | 1.                          |                                       | \$              | 0.00            |
| 19.   | conten        | t the marital adjustment if it applies. If you are d that calculating the commitment period under 1 s income, copy the amount from line 13. |                             |                                       |                 |                 |
|       | 19a. If       | the marital adjustment does not apply, fill in 0 on   | line 19a.                   |                                       | <b>-</b> \$     | 0.00            |
|       |               |   |                             |                                       |                 |                 |
|       | 19b. <b>S</b> | ubtract line 19a from line 18.  |                             |                                       | \$              | 0.00            |
| 20.   | Calcul        | ate your current monthly income for the year.   | Follow these steps:         |                                       |                 |                 |
|       | 20a. C        | opy line 19b  |                             |                                       | \$              | 0.00            |
|       | М             | lultiply by 12 (the number of months in a year).  |                             |                                       | X               | 12              |
|       | 20b. T        | he result is your current monthly income for the y  | ear for this part of the fo | rm                                    | \$              | 0.00            |
|       | 20c. C        | opy the median family income for your state and   | size of household from I    | ine 16c                               | \$              | 81,574.00       |
|       | 21. <b>H</b>  | ow do the lines compare?  |                             |                                       |                 |                 |
|       |               | Line 20b is less than line 20c. Unless otherwing period is 3 years. Go to Part 4.   | se ordered by the court,    | on the top of page 1 of this form, ch | neck box 3, The | e commitment    |
|       |               | Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.  | nless otherwise ordered     | by the court, on the top of page 1 of | this form, chec | ck box 4, The   |
| Part  | 4:            | Sign Below  |                             |                                       |                 |                 |
|       | By sigr       | ning here, under penalty of perjury I declare that  | the information on this st  | atement and in any attachments is     | true and correc | ot.             |
| Х     | /s/ J         | ocelynn Renee Marsh   |                             |                                       |                 |                 |
|       |               | elynn Renee Marsh<br>ature of Debtor 1  |                             |                                       |                 |                 |
|       | Ū             | July 9, 2024  |                             |                                       |                 |                 |
|       | Ī             | MM/DD/YYYY  |                             |                                       |                 |                 |
|       | •             | checked 17a, do NOT fill out or file Form 122C-2.   |                             | hat form converse are the state       | income from "   | no 11 -b        |
|       | IT VOU (      | checked 17b, fill out Form 122C-2 and file it with  | inis form. On line 39 of th | nat form, copy your current monthly   | income from li  | ne 14 apove.    |

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Debtor 1 Jocelynn Renee Marsh Case number (if known)

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte   | r 7:  | Liquidation        |  |
|----------|-------|--------------------|--|
|          | \$245 | filing fee         |  |
|          | \$78  | administrative fee |  |
| <u>+</u> | \$15  | trustee surcharge  |  |
|          | \$338 | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 24-70279-JAD Doc 1 Filed 07/10/24 Entered 07/10/24 17:14:14 Desc Main Document Page 46 of 47

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Western District of Pennsylvania

| In re | Jocelynn                            | Renee M                                | larsh  |   | Case No.  |   |
|-------|-------------------------------------|--|--|---|---|---|
|       |                                     |  |  | Debtor(s)   | Chapter   | 13  |
|       | 1                                   | DISCL                                  | OSURE OF COM   | PENSATION OF ATTO   | RNEY FOR D  | EBTOR(S)  |
|       | compensation pa                     | aid to me                              | within one year before the   | 2016(b), I certify that I am the attorn<br>filing of the petition in bankruptcy<br>tion of or in connection with the bar  | , or agreed to be paid  | to me, for services rendered or to                              |
|       | For legal se                        | ervices, I l                           | have agreed to accept  |   | \$  | 5,000.00  |
|       | Prior to the                        | filing of                              | this statement I have recei  | ved   | \$  | 250.00  |
|       | Balance Du                          | ıe                                     |  |   | \$  | 4,750.00  |
| 2.    | The source of th                    | e compen                               | sation paid to me was:   |   |   |   |
|       | Debtor                              |  | Other (specify):   |   |   |   |
| 3.    | The source of co                    | mpensati                               | on to be paid to me is:  |   |   |   |
|       | ■ Debtor                            |  | Other (specify):   |   |   |   |
| 4.    | ■ I have not a                      | greed to s                             | hare the above-disclosed of  | compensation with any other person  | unless they are men   | abers and associates of my law firm.                            |
|       |                                     |  |  | pensation with a person or persons ve<br>e names of the people sharing in the   |   |   |
| 5.    | In return for the                   | above-di                               | sclosed fee, I have agreed   | to render legal service for all aspec   | ts of the bankruptcy  | case, including:  |
|       | b. Preparation a                    | and filing<br>on of the                | of any petition, schedules<br>debtor at the meeting of cr                      | rendering advice to the debtor in det<br>, statement of affairs and plan which<br>reditors and confirmation hearing, a  | n may be required;  |   |
| 6.    | All profees sexcee                  | ovisions hall be b d \$5,500 ourt by F | of the retainer agreen<br>pilled at an hourly rate<br>0.00, Client hereby agre | ed fee does not include the following<br>nent executed by counsel and<br>of \$350.00 and billed at a 1/10<br>ees and consents to any applic<br>s to the modification of the Ch<br>plicable. | debtor are incorp<br>th hour. Should the<br>cation for addition | ne hourly attorney's fees nather all attorney's fees filed with |
|       |                                     |  |  | CERTIFICATION   |   |   |
|       | I certify that the cankruptcy proce |  | g is a complete statement of   | of any agreement or arrangement for   | r payment to me for   | representation of the debtor(s) in                              |
|       | luly 9, 2024                        |  |  | /s/ Corey J. Sacc   | a   |   |
|       | Date                                |  |  | Corey J. Sacca 3  | 06741   |   |
|       |                                     |  |  | Signature of Attorne  |   |   |
|       |                                     |  |  | Bononi & Compa<br>20 N Pennsylvan   |   |   |
|       |                                     |  |  | Suite 201   |   |   |
|       |                                     |  |  | Greensburg, PA  |   | •   |
|       |                                     |  |  |   | Fax: (724) 836-037  | <u>U</u>  |
|       |                                     |  |  | Name of law firm  | ux. (124) 000 001   |   |

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### United States Bankruptcy Court Western District of Pennsylvania

| n re | Jocelynn Renee Marsh             | Debtor(s)   | Case No. Chapter   | 13                    |
|------|----------------------------------|---|--------------------|-----------------------|
|      | VER                              | IFICATION OF CREDITOR                             | MATRIX             |                       |
|      |                                  |   |                    |                       |
| e ab | ove-named Debtor hereby verifies | that the attached list of creditors is true and c | orrect to the best | of his/her knowledge. |
| ate: | July 9, 2024                     | /s/ Jocelynn Renee Marsh                          |                    |                       |
|      |                                  | Jocelynn Renee Marsh                              |                    |                       |
|      |                                  | Signature of Debtor                               |                    |                       |